

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) ▼

601 Pennsylvania Avenue, NW

South Building, Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106740

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles W. Stellar

Signature of Treasurer

Charles W. Stellar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

20

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		47941.84
(b) Cash on Hand at Beginning of Reporting Period.....	47709.61	
(c) Total Receipts (from Line 19)	24668.87	125104.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72378.48	173046.78
7. Total Disbursements (from Line 31)	7000.00	107668.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65378.48	65378.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19373.65	67714.08
(ii) Unitemized	295.22	7390.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	19668.87	75104.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	50000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24668.87	125104.94
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24668.87	125104.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24668.87	125104.94

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	168.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	168.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	102500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	107668.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	107668.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24668.87	125104.94
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24668.87	120104.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	168.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	168.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jeremy AllenMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americas Health Insurance Plans

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-3

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jeremy AllenMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americas Health Insurance Plans

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-3

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Tom AmontreeMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President, Business Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-4

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

458.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Tom AmontreeMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President, Business Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-4

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Carmella BocchinoMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-5

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Carmella BocchinoMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-5

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

624.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Dianne BrickerMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-6

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dianne BrickerMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-6

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Kathleen CallananMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-7

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

166.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Kathleen Callanan

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2015

Transaction ID : 201507109939-7

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2015

Transaction ID : 201507109926-8

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2015

Transaction ID : 201507109939-9

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 10 OF 34
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Yvonne Chanatry
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

 City State Zip Code
 Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : 201507109926-9

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

B. Yvonne Chanatry
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

 City State Zip Code
 Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : 201507109939-10

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C. Rebecca Cole
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

 City State Zip Code
 Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.25

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : 201507109926-10

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)..... ►

239.59

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Rebecca ColeMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-11

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Gregory DeanMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-12

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. Gregory DeanMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-13

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)..... ►

187.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Mary Beth DonahueMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive VP, Policy & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-14

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Mary Beth DonahueMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive VP, Policy & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-15

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Daniel DurhamMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-15

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

624.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Daniel DurhamMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-16

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Paul EitingMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-16

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Paul EitingMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-17

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

291.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Kathryn GallagherMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-17

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Kathryn GallagherMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-18

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Candy GallaherMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-18

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

83.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Candy Gallaher

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-19

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.96

Date of Receipt

06 / 15 / 2015

Transaction ID : 201507109926-19

Amount of Each Receipt this Period

27.08

Full Name (Last, First, Middle Initial)

C. Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.96

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-20

Amount of Each Receipt this Period

27.08

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jay Gellert

Mailing Address 21650 Oxnard St
Ste 2200

City State Zip Code
Woodland Hills CA 91367-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Net, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 22 / 2015

Transaction ID : 05815569F33A4708A79D

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Cynthia Goff

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

BlueCross and BlueShield of Minnesota

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

06 / 15 / 2015

Transaction ID : 201507109926-20

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Cynthia Goff

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

BlueCross and BlueShield of Minnesota

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-21

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5166.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Stephen Goldstone

Mailing Address 2921 Capitol Ave

City

Cheyenne

State

WY

Zip Code

82001-2754

FEC ID number of contributing
federal political committee.

C

Name of Employer

WINHealth PARTNERS

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : 5045C053910849989801

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark HamelburgMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-21

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Mark HamelburgMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-22

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Joni HongMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-23

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Joni HongMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-24

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Donna HoroschakMailing Address 601 Pennsylvania Ave NW
South Building, Suite 500

City	State	Zip Code
Washington	DC	20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : 80EB365035C54E89B331

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3062.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Burt Hudson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 15 / 2015

Transaction ID : 201507109926-24

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Burt Hudson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-25

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Karen Ignagni

Mailing Address 601 Pennsylvania Ave NW
S Building, Suite 500

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 01 / 2015

Transaction ID : 391472EA07F442AC9B59

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

5083.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Crystal KuntzMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-29

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Crystal KuntzMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-30

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Courtney LawrenceMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-30

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Courtney LawrenceMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-31

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Beth LeonardMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-31

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Beth LeonardMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-32

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

499.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 22 OF 34
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Holly Macmoran
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-33

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Holly Macmoran
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-34

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Amber Manko
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-34

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Amber Manko

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.96

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-35

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 15 / 2015

Transaction ID : 201507109926-35

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-36

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Thomas MeyersMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-38

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Thomas MeyersMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-39

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Julie MillerMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-40

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)..... ►

102.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-41

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Martin Mitchell Jr.

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.96

Date of Receipt

06 / 15 / 2015

Transaction ID : 201507109926-42

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Martin Mitchell Jr.

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.96

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-43

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jay Perron

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

06 / 15 / 2015

Transaction ID : 201507109926-43

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jay Perron

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-44

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Sara Pescatello

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 15 / 2015

Transaction ID : 201507109926-44

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

187.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Sara PescatelloMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance PlansOccupation
Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2015**Transaction ID : 201507109939-45**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Mark PrattMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance PlansOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2015**Transaction ID : 201507109926-46**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mark PrattMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance PlansOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2015**Transaction ID : 201507109939-46**

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

270.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Ingrid ReevesMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-47

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Ingrid ReevesMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-47

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Lisa ShreveMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-49

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

83.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Lisa ShreveMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-49

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Charles StellarMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-50

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

c. Charles StellarMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-50

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

458.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 34
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Kristin Stewart SmootMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHIP

Occupation

Manager, Special Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-51

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Kristin Stewart SmootMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHIP

Occupation

Manager, Special Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 201507109939-51

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Mark Van KoeveringMailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 201507109926-53

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

124.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-53

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Kristi Wick

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Digital Media Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 15 / 2015

Transaction ID : 201507109926-54

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Kristi Wick

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Digital Media Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 30 / 2015

Transaction ID : 201507109939-54

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.99

19373.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 34
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Health Net, Incorporated Political Action Committee

Mailing Address 455 Capitol Mall, Suite 600

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00230789

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 29 / 2015

Transaction ID : 7777661DB48846579EEB

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Freedom and Security PAC

Mailing Address 228 S. Washington St., Ste. 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2015 Contribution

Candidate Name

Freedom and Security PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : E5DA3DF3F908EC2BF5D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
2016 Primary

Candidate Name

Joseph John Heck Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NV District: 03

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20F6F73D9CA8A6F367D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Graham for Congress

Mailing Address PO Box 310

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement
2016 Primary

Candidate Name

Gwendolyn Graham

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 02

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 4048C85036A6DF23FD8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Kurt Schrader for Congress

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kurt SchraderCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 354BE5D553EB8DF17FD

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

7000.00